

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|--|
| 1 File Number U 9807 | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name JORDAN G WONG P O Box Bldg Room No if any Street 3215 ALA ILIMA ST #B 1108 City HONOLULU State Hawaii ZIP Code + 4 96818 | 4 Name file number and address of labor organization Name IBEW LOCAL UNION #1186 Labor Organization File Number 014636 P O Box Building and Room Number if any Street 1935 HAU STREET ROOM #400 City HONOLULU State Hawaii ZIP Code + 4 96819 5003 |
| 5 Position in labor organization EXECUTIVE BOARD | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | | |
|---|---|--|
| A | | Held an interest in or engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent |
| 6 Name and address of Employer (including trade name if any) | 7 a Nature of Interest Transaction or Income | |
| Name _____ | | |
| Trade Name if any _____ | | |
| P O Box Bldg Room No if any _____ | | |
| Street _____ | | |
| City _____ | 7 b Amount | |
| State _____ ZIP Code + 4 _____ | | |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number

Name of Person Filing JORDAN WONG

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name HAWAII ELECTRICIANS ANNUITY FUND

Trade Name if any

P O Box Bldg Room No If any

Street 1935 HAU STREET ROOM #300

City HONOLULU

State Hawaii ZIP Code + 4 96819-5003

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

11 a Nature of such dealing**11 b** Approximate dollar value of such dealing**12 a** Nature of interest held or income received

REIMBURSEMENT FOR WAGES LOST WHILE ATTENDING TRUSTEE MEETINGS

12 b Amount

\$550

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment